



SEP 16 2004 THU 03:40 PM SALIWANCHIK, LLOYD&SALIWA

FAX NO. 352 372 5800

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**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail**

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23557 7590 09/09/2004  
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*Swendolyn L. Daniels* (Depositor's name)  
*Swendolyn L. Daniels* (Signature)  
September 16, 2004 (Date)

**Attn: Frank C. Eisenschenk, Ph.D.**

ATTORNEY DOCKET NO. CONFIRMATION NO.

|                 |             |                      |                     |                  |
|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/612,680      | 07/01/2003  | Jerry Stimac         | UF-REII             | 3440             |

TITLE OF INVENTION: METHODS AND FORMULATIONS FOR CONTROL OF PESTS

| APPLN. TYPE         | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|---------------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional      | YES          | \$665     | \$0             | \$665            | 12/09/2004 |
| EXAMINER            |              | ART UNIT  | CLASS-SUBCLASS  |                  |            |
| LANKFORD JR, LEON B |              | 1651      | 424-093500      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Salilwanchik, Lloyd & Salilwanchik*

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Florida  
Research Foundation, Inc.

Gainesville, FL

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to  
 Deposit Account Number 19-0065 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Frank C. Eisenschenk*

Date September 16, 2004

Typed or printed name

Frank C. Eisenschenk, Ph.D.

Registration No. 45,332

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